OPHTHALMOLOGY.

34. *Paralytic Ectropium successfully treated by Operation.*—Mr. Haynes Walton records (*Brit. Med. Journ.*, Sept. 15, 1866) the following highly interesting case of this.

"A gentleman, aged twenty-four, was sent to me by Mr. R. Reid, in January of this year, on account of a distressing and increased ectropium of the left lower eyelid from facial paralysis on that side, which occurred in childhood. It is unnecessary to speak of the condition of the face. The ectropium produced much deformity, as the margin of the eyelid was very much depressed, and the conjunctiva was thickened and projecting, and very vascular. But a more annoying result was the constant flow of tears and mucous secretion over the cheek, roughness of the skin, and some excoriation.

"After a short examination I was convinced that I could render essential benefit, and my patient readily assented to my proposal of treatment.

"Chloroform having been given, I removed a strip of the diseased conjunctiva along the entire length of the eversion; and I may mention that I effected this by making two incisions with a scalpel, in the form of an ellipse, and dissecting away the isolated bit. It is by the contraction that ensues from this loss of substance that the eyelid is braced up, and in ordinary cases of ectropium I generally excise as much of the conjunctiva as is permanently exposed, and that effects the desired end. But here the lengthening of the tarsus, and the total loss of muscular support to it, required something more to be done; and also, the undue raising of the upper eyelid was another obstacle to success. To overcome these complications, I shortened both tarsi by removing a portion of each at the outer canthus, taking away conjunctiva as well, and brought the wound together by stitches.

"It is not necessary to give a detailed account of the progress. It will answer every purpose merely to tell that the repair was rapid, and as effectual as it was possible. The eyelids are nicely bound up, and the stare arising from the prominence of the eyeball, and the exposure of it is almost overcome; so little indeed remains, as not to be noticed by a casual observer. The punctum lacrymale in each eyelid having been returned to its proper position, the tears are thoroughly conveyed away through the proper channels. Withal, there is no trace or mark of the use of the scalpel."

35. *Cases Illustrating the Occasional Connection between Neuralgia of the Dental Nerves and Amaurosis.*—Mr. J. Hutchinson compares certain cases of amaurosis with infantile paralysis; he says: "Certain cases of amaurosis appear to me to bear a very close resemblance to infantile paralysis. Without any warning whatever, without any other cerebral symptoms, a patient loses the sight of one eye; now and then, but only very rarely, of both. In some cases there is a certain amount of improvement afterwards, but often the amaurosis is total and permanent. In some instances the optic disk becomes white and atrophic, but in others it retains an almost normal vascular supply. Most of the subjects of those cases which have come under my notice are women. In some there is evidence of cardiac disease, but in others there is not, and in most I have found the arteria centralis of good size; so that the hypothesis of embolism seems to have but little support. In several of the best-marked cases that I have seen, there was the history of neuralgia in the face for long periods before the amaurosis, the neuralgia being usually connected with toothache. I am quite alive to some of the sources of mistake which attend the attempt to prove the occurrence of paralysis from reflex irritation consequent on a peripheral cause. Chief amongst them we have, of course, the possibility that the neuralgia itself may have been due to central disease, and that the extension of the latter may have implicated other nerves. I must leave the following cases to make their own impression on the mind of the reader. Whilst endeavouring to avoid forming hasty opinions, I may still venture the practical remark, that I believe we pay far too little attention to the state of the teeth as

possibly productive of disturbances of function, or of nutrition in the eyeball, or even in the cerebral centres of vision. . . . In the case of adults, it is surely the duty of our profession to take every opportunity of spreading information as to possible ill-consequences of retaining stumps in the jaw."—*Ophthalmic Review,* Oct. 1866, from *Ophthalmic Hospital Reports.*

MIDWIFERY.

36. *Age of Nubility.*—The *Edinburgh Medical Journal* for Sept. 1866, contains a highly interesting paper, by Dr. J. MATHEWS DUNCAN, the object of which is to point out the ages within which women generally should enter the married state, if they are to be guided by physiological laws. Dr. D. does not consider puberty to be always contemporaneous with the age of nubility; the latter, he considers, to depend upon the age at which the pelvis reaches its full structural development in shape and form. He shows satisfactorily, that the mortality of first labours, and the fecundity of the female are to a great extent influenced by the age at which marriage takes place, and in conclusion, he expresses the conviction that "the age of about from 20 to 25 is the nubile age of woman." "Below 20 years of age," he says, "woman is immature, she runs considerable risk of proving sterile, and if she does bear a child she runs a comparatively high risk of dying in child-bed; besides, her early marriage brings many other disadvantages. The woman above 25 years of age is mature, but to counterbalance this, she encounters some greater risks than the very young wife's, though of a similar nature.

37. *Morbid Conditions and Injuries of the Spleen in the Pregnant and Parturient States.*—Sir. J. Y. SIMPSON, at a meeting of the Obstetrical Society of Edinburgh (June 27, 1866), referred to three cases of fatal rupture of the spleen which had occurred respectively in the pregnant, parturient, and puerperal states. He pointed out the circumstance that, during pregnancy, there is often, if not generally, an increase of the white particles of the blood—or, in other words, a kind of normal or physiological leucocythemia. As in states of morbid leucocythemia, the spleen was often enlarged; so was it also occasionally in pregnancy. Perhaps it would be found in practice much more common than the silence of authors on the subject might lead medical men to suppose. It sometimes recurred in successive pregnancies. In one patient of his, the spleen became enlarged to a very marked degree in a series of successive pregnancies, and this splenic enlargement disappeared always after delivery. Her youngest child is now about ten years old, and during that time there has been no recurrence of the splenic hypertrophy in the mother. A certain amount of softening very frequently accompanies the hypertrophy of the spleen, and predisposes to the laceration of the organ under strong exertion and muscular effort, blows, etc. The first case of rupture of the spleen in a child-bearing mother which he saw was a patient of Dr. Husband's. She began to show symptoms of fatal sinking shortly after premature labor set in, about the sixth or seventh month. On opening the body after death, the enlarged spleen was found lacerated, with effusion of blood into the peritoneal cavity. Shortly afterwards, a patient of Dr. Wilson's, who had been delivered a week or two before, after making some unusual muscular exertion, complained of abdominal pain and sinking, and died. Rupture of the spleen and effusion of blood were found on dissection. The late Dr. Cunningham of Currie delivered a patient in Edinburgh, using the forceps. He left very shortly afterwards, to catch the railway train. The patient sunk and died within an hour or two. An inspection of the body was ordered by the law authorities when rupture of the spleen, and consequent effusion of blood were found to be the immediate cause of death.

Dr. Burn stated that Sir James Simpson had seen a patient of his lately where the spleen was very much enlarged during pregnancy. The patient died soon after her confinement.